



## LOW DOSE CT (LDCT) LUNG CANCER SCREENING ORDER

Central Scheduling: 352-671-4300 • Fax: 352-732-8010  
www.raocala.com • webappointments@raocala.com

<b>PATIENT'S LEGAL NAME (please print)</b>	<b>DATE OF BIRTH/AGE (must be between 55-77)</b>
<b>APPOINTMENT DATE/TIME:</b>	<b>PATIENT'S PHONE NUMBER</b>
Packs per Day: _____ x Years Smoked: _____ = Pack years: _____ <i>(must have at least a 30 pack-year history)</i>	
Currently Smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, Quit Date: _____ <i>(quit date cannot be greater than 15 years)</i>	
<b>RAO LOCATION BEING REFERRED:</b> <input type="checkbox"/> Medical Imaging Center - 1490 SE Magnolia Ext., Ocala, FL 34471 <input type="checkbox"/> TimberRidge Imaging Center - 9521 SW Hwy 200, Ocala, FL 34481 (Inside the Advent Health ER)	
<b>REASON FOR EXAM:</b> <input type="checkbox"/> CT LUNG SCREENING (G0297) (ANNUAL) <b>Please Specify:</b> <input type="checkbox"/> Z87.891 - personal history of nicotine dependence (former smoker) <input type="checkbox"/> F17.210 - Nicotine dependence, cigarettes (current smoker) <input type="checkbox"/> F17.211 - Nicotine dependence, cigarettes, in remission	

**BY SIGNING THIS ORDER, YOU CERTIFY THAT:**

- The patient has participated in a shared decision making session during which potential risks and benefits of CT lung screening were discussed and documented in the patient's chart.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of tobacco cessation counseling services.
- The patient is asymptomatic of lung cancer (no symptoms of fever, chest pain, new shortness of breath, new or changing cough, unintended weight loss, hemoptysis, or active pneumonia)
- No history of Chest CT within the past 12 months for an initial CT Lung Screening Exam or a personal history of lung cancer.

<b>PHYSICIAN (please print)</b>	<b>NPI NUMBER</b>
<b>PHYSICIAN SIGNATURE</b>	

To Schedule LDCT Appointments call 352-671-4300, email (webappointments@raocala.com) or fax order and most recent clinical information and demographics to 352-732-8010.



## LOW DOSE CT (LDCT) LUNG CANCER SCREENING PROVIDER INFORMATION

Appointments for Low Dose CT (LDCT) Lung Cancer Screening examinations can be made by calling Central Scheduling at **352-671-4300**.

A lung cancer screening, counseling, and shared decision making visit includes the following elements (and is appropriately documented in the beneficiary's medical records), and must be furnished by a physician or qualified non-physician practitioner:

- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung disease, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting;
- Shared decision making, including the use of one or more decision or aids, to include benefits, harms, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;
  - For more information regarding shared decision making, please visit: <https://effectivehealthcare.ahrq.gov/topics/lung-cancer-screening/overview>
- Counseling on the importance of adhering to annual LDCT lung cancer screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment;
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker, or smoking cessation if current smoker and, if appropriate, offering additional Medicare/Insurance-covered tobacco cessation counseling services; and
- If appropriate, the furnishing of a written order for lung cancer screening with LDCT. Written orders for both initial and subsequent LDCT lung cancer screenings must contain the following information, which must also be documented in the beneficiaries' medical records:
  - Beneficiary's date of birth;
  - Actual pack-year smoking history (number);
  - Current smoking status, and for former smokers, the number of years since quitting smoking;
  - Statement that the beneficiary is asymptomatic; and
  - NPI of the ordering practitioner.

Your patient can find information at [www.shouldiscreen.com](http://www.shouldiscreen.com)